

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>N.H.</i>	<i>7/19/00</i>	<i>7/19/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>3 ✓</i>	<i>7/19/00</i>
FORMALITY REVIEW		<i>7/14/00</i>	<i>6/16/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

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If more than 150 claims or 10 actions  
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